

Program Coordinator Manual

Updated August 2023



VANDERBILT  UNIVERSITY
MEDICAL CENTER

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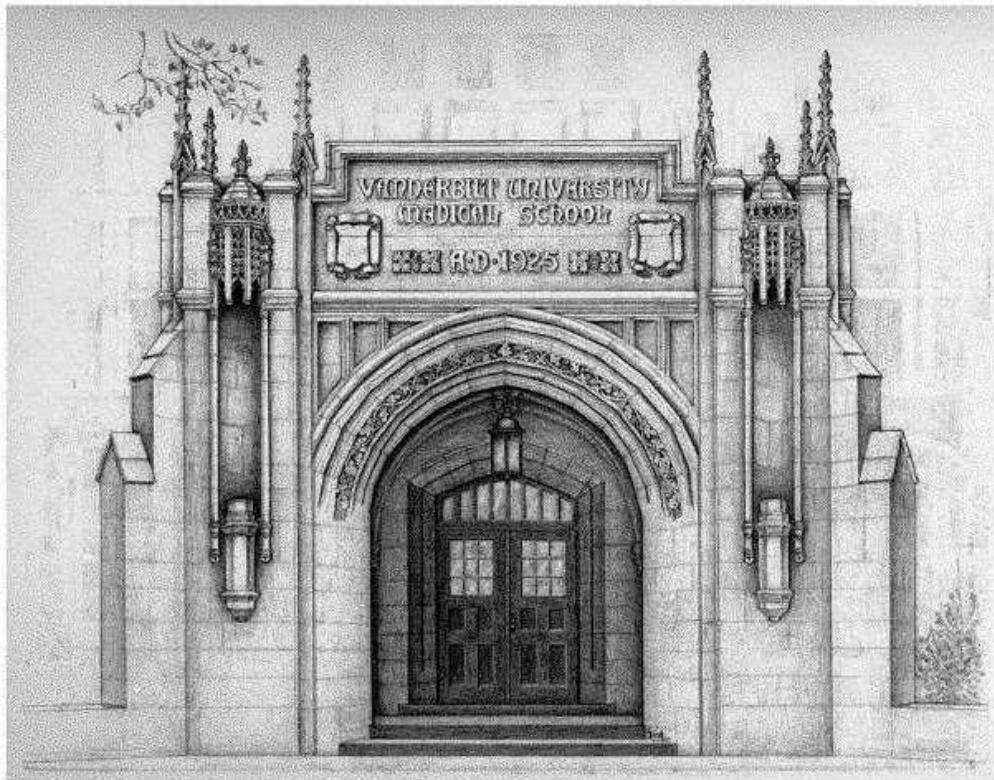
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INTRODUCTION

Vanderbilt University Medical Center is an institution that has built a strong reputation as a leader in medical education of health professionals, research in biomedical science, and patient care nationwide. Residency training began at Vanderbilt University Medical Center with just 12 residents in 1925. Now Vanderbilt trains over 1,000 house staff in over 100 residency and fellowship programs. VUMC offers residency experiences in a major teaching facility with diverse patient populations, state-of-the art technology, cutting edge research, and outstanding faculty.

The Office of Graduate Medical Education (GME) supports the human resource and administrative operations for GME programs and House Staff and is committed to partnering with Program Coordinators in supporting the trainees, faculty, and staff in our many residency and fellowship programs.

In addition to the Program Coordinator Manual, the [PC/PD Documents and Tools page](#) (referenced frequent throughout this document) on the GME Office website is another resource available to you. If you have suggestions on how we can improve this resource to better support you and the vital work you do, please reach out to the [GME Office](#).



SECTION I. GENERAL INFORMATION

A. Contact the GME Office

Contact information, including GME faculty and staff listings, can be found [here](#) on the GME website.

Additional VUMC phone numbers and links can be found [here](#).

B. Program Coordinator Contact List

**** COMING SOON! ****

A list of VUMC program coordinators, email addresses, and programs managed can be found here. (List updated monthly). If contact info needs to be updated, please email gme.office@vumc.org.

C. Duties of the Program Coordinator

This section is not meant to be a job description, but rather a list of duties common to all or most coordinators.

- Compile and submit reports to ACGME, GME, specialty-specific governing bodies
- Maintain GME Track
- Initiation and administration of house staff budget
- Compile data and prepare reports for numerous organizations
- Development of new procedures in response to new or revised policies issued by governing agencies (e.g. ACGME) or Program Director
- Liaison with residents
- Plan, organize and schedule new house staff departmental orientation
- Liaison and communication with all appropriate campus offices and affiliated hospitals, program director
- Coordination and administration of specialty board examinations and in-service examinations
- Review of internal procedures related to all house staff-related functions and implementation of new procedures as appropriate
- Review all residency applications and screen for interview; evaluate residency applications for competitiveness for program and notify applicants of decision.
- Use knowledge of ERAS® software to manage residency applications and compile reports as necessary.
- Manage recruitment materials and forms; maintain program website information

- Administration and coordination of all house staff interviews, communication with applicants as necessary and appropriate
- Prepare and distribute rotation schedules
- Schedule and distribute resident conference schedules
- Track and log all vacation/sick leave used by house staff in Workday
- Prepare resident travel authorization; arrange travel for conferences
- Complete verification requests from former residents
- Maintain files on all residents
- Prepare monthly reports on case logs and duty hours for program director; maintain rotation information and any other items required by your program in [New Innovations](#)
- Arrange for radiation dosimetry monitoring and annual fit testing for house staff if required
- Milestones Review and Clinical Competency Committee (CCC) meeting coordination

D. A Year in the Life of a Residency/Fellowship Program

<p><i>Note: key dates for VUMC GME items are in red below</i></p> <p><i>Download the ACGME Residency Program Coordinator Timeline template here.</i></p>	
July	<ul style="list-style-type: none"> • July 1 is the beginning of the academic year in all GME programs. It is the date most new residents and fellows begin their training. • Host department orientation • Annual ACGME ADS update and GME Track update of the resident census generally begins in the summer. You will receive an e-mail notifying you that the census is ready to be updated. • Begin the process of answering questions about your Residency Program from 4th year medical students. • ERAS opens in mid-July for fellowships
August	<ul style="list-style-type: none"> • Submit match quotas to NRMP • Complete GME Track and ACGME ADS updates for the new academic year. Archive past residents by August 1, enter new information by September.
September	<ul style="list-style-type: none"> • ERAS opens mid-September for residency application. It is helpful to meet with your program director to discuss the best process for screening applications. • Prepare recruitment materials. • Assemble any other packets or materials to be distributed to residency candidates. • Prepare and create schedules for upcoming interview season. • Update all interview materials including Interview Evaluation Forms • Determine interview date(s), if not already done. Notify faculty and appropriate personnel both administrative and clinical. • Secure venue for entertaining applicants, if applicable • Begin to send out invitations to interview
October	<ul style="list-style-type: none"> • If your faculty uses ERAS® online for interviews, orient new faculty. • Plan and coordinate social activities for applicants. • Registration for in-training exam is usually in the Fall, although this varies among specialties. • Prepare for applicants to call to check their status updates and to find out if they will be offered interviews.
November	<ul style="list-style-type: none"> • Assist during interview days by developing itineraries, greeting applicants, and providing an overview of the program. • Coordinate with faculty in interview process by providing them with applicant information. • Coordinate scoring of applicant • Fellowship rank list due either last week of November or first week of December

	<ul style="list-style-type: none"> • <i>House Staff Paid through GME Centers – <u>HOUSE STAFF POSITION REQUESTS</u> will be distributed by GME in December. Due to GME mid-December.</i>
December	<ul style="list-style-type: none"> • Interviews continue • Mid-year evaluations (semiannual) • Send out letters of regret to those applicants who have not been selected to interview • Fellowship Match Day is mid-December • Online Advancement form released to programs. • <i>Position Request Form will be due to GME mid-December.</i>
January	<ul style="list-style-type: none"> • Finish with interviews • Coordinate “second look” visits from applicants (if your program allows) • Collect final scores and comments from interviewers and residents. • Continue letters of regrets to applicants who have not been selected to interview. • Note deadline for NRMP match quota changes. • Begin submitting required appointment information for Non match applicants to the GME office. <i>All Clinical Fellow re-appointment materials for current house staff should be submitted to the GME office by January 1st.</i>
February	<ul style="list-style-type: none"> • Coordinate match list. • Enter match list on NRMP web site. • Register your programs for ERAS® for the following year. • Schedule Program Education Committee (PEC) meetings or faculty meetings to systematically review your programs, make curriculum decisions for upcoming year and evaluate resident performance. This is an ACGME requirement. • <i>All appointment requests for incoming house staff should be submitted to the GME Office by Jan 1st if not through Main Match.</i>
March	<ul style="list-style-type: none"> • Match Day occurs in mid-March. Results are posted on the NRMP web site. • <i>Submit required information regarding match applicants to the GME Office.</i> • Prepare checklist of all tasks to complete for incoming and outgoing house staff. • Begin appointment process for new house staff. Update web site, if necessary • Generate lists of residents for next academic year and distribute to appropriate personnel and departments. • <i>J-1 Visa: Communicate to Jennifer Lutgens via e-mail any new or continuing house staff who need J-1 sponsorship by March 24</i> • <i>Once you know who will be entering your program, submit your <u>APPLICANT CODE REPORT</u> to GME</i>
April	<ul style="list-style-type: none"> • Begin updating Goals and Objectives, Policies and Procedures, etc.

	<ul style="list-style-type: none"> Secure venue for graduating residents' banquet. Begin to schedule meeting for late May or early June to hold your PEC. <i>Notification will be sent from GME to Program Coordinators when Welcome Packets have been emailed.</i> <i>to incoming house staff. This notification will also provide a web link where you can monitor your incoming house staff pre-employment requirement completion status. It is important for you to assist the GME Office in obtaining all items so your House Staff can begin training on time.</i> <i>GME certificate data will be sent to programs for review late-April. Upon confirmation, certificates will be provided for signature rounding.</i>
May	<ul style="list-style-type: none"> You and the Program Director will receive periodic emails informing you of items needed for your incoming house staff May/June. <i>It is important for you to assist the GME Office in obtaining these items so your House Staff can begin training on time.</i> You may view missing/received items at the link e-mailed to you in early April. Prepare resident rotation schedule for upcoming year. Create new academic year in <u>NEW INNOVATIONS</u> and begin to enter rotation block. Plan events for graduating residents and fellows Order certificates and/or plaques for graduating residents and fellows Update and print resident manual for the next academic year. Begin to work on Annual Program Evaluation (APE) in early May once ACGME surveys are back. Prepare and distribute annual evaluation forms of program and core faculty to residents. Coordinate residents' semi-annual reviews for non-graduating residents. <i>MEAL MONEY process will begin with e-mail sent from GME to Program Coordinators. Provide requested information by June 15 if residents are to have money on July 1.</i>
June	<ul style="list-style-type: none"> <i>Make request to GME for additional <u>PAGERS</u> or pager transfers as appropriate.</i> GME certificates released to programs mid-June. Finalize Goals and Objectives, Policies and Procedures and other program documents for distribution to new house staff. Prepare new rotation schedule for next academic year and disseminate to necessary staff. Coordinate department orientation program for new residents and fellows. Coordinate graduating residents' year-end summative evaluation meetings with Program Director Graduation ceremony
Various	<ul style="list-style-type: none"> <u>INTERNAL REVIEWS</u>

- Keep WebADS current with any change in the program and update at least annually.
- **VISITING RESIDENTS** – *initiate contract 90 days in advance of rotation if needed.*
- **PROGRAM LETTER OF AGREEMENT (PLA)** *must be renewed/re-signed every 5 years.*
- **AWAY ROTATIONS** *(domestic or international) require an approval request from the resident/fellow on the GME Away Rotation Management System. The coordinator must also submit a contract request through PEER (Paperless Environment for Electronic Review) within the appropriate time frame (90 days in advance of rotation for domestic rotations and 120 days in advance of international rotations).*
- Arrange for radiation dosimetry monitoring and fit testing for house staff if needed. Visit **VUMC Office of Clinical and Research Safety (OCRS)** for more information.

SECTION II. RECRUITING

A. National Resident Matching Program® (NRMP®), or The Match®

The National Resident Matching Program® (NRMP®), or The Match®, is a private, non-profit organization established in 1952 at the request of medical students to provide an orderly and fair mechanism for matching the preferences of applicants for U.S. residency positions with the preferences of residency program directors.

In addition to the annual Main Residency Match® that encompasses more than 47,000 registrants and 39,000 positions, the NRMP conducts Fellowship Matches for more than 70 subspecialties through its Specialties Matching Service® (SMS®).

The NRMP uses a [computerized mathematical algorithm](#), the “matching algorithm,” to place applicants into the most preferred residency and fellowship positions at programs that also prefer them.

The [Supplemental Offer and Acceptance Program \(“SOAP”\)](#) provides a uniform system for programs to offer unfilled positions to eligible unmatched or partially matched applicants through a series of offer rounds during Match Week.

1. *Annual Registration of Programs in the MATCH*

If your program is participating in ERAS®, annually you will receive an email reminding you that you need to confirm your program’s participation status. You will be able to confirm your program’s participation by logging in to [ERAS Account Maintenance](#) and clicking on the **Account Overview Tab**. Your program will NOT be included in the match if you do not confirm your program’s participation status.

2. *NRMP Resources*

For more information about NRMP & The Match®, please visit the links below:

- [MATCH Calendars](#)
- [NRMP Help & Support](#)
- [Match Codes on Conduct](#)
- [Match Professional Behavior](#)
- [Match Policies & Compliance](#)
- [Policy Highlights and Pitfalls for Programs](#)

B. ERAS® - the Electronic Residency Application Service

The [Electronic Residency Application Service \(ERAS\)](#)® streamlines the residency application process for applicants, their Designated Dean's Offices, Letter of Recommendation (LoR) authors, and program directors. By providing applicants the ability to build and deliver their application and supporting materials individually or as a package to programs, ERAS provides a centralized, but flexible solution to the residency application and documents distribution process. ERAS includes four individual-but-connected applications developed to serve the needs of each user group involved in the application process and provide impartial, confidential transmission of applications to programs.

1. *How Does ERAS® Work?*

- Applicants receive a token from their Designated Dean's Office and use it to register with MyERAS.
- Applicants complete their MyERAS application, select programs, assign supporting documents, and apply to programs.
- Applicant's Designated Dean's Office and LoR authors upload supporting documents.
- Examining boards receive and process requests for transcripts.
- Programs receive application materials through the PDWS.

2. *ERAS® Applications*

ERAS includes four, individual but connected, applications developed to serve the needs of each user group involved in the application process and provide impartial, confidential transmission of applications to programs:

- [MyERAS](#) for applicants, in which students complete their applications, select programs, assign supporting documents, and submit their materials to their selected programs.
- [Dean's Office WorkStation \(DWS\)](#) for Designated Dean's Offices to upload medical school transcripts and medical school performance evaluations (MSPEs) in support of applications submitted through MyERAS.
- [Letter of Recommendation Portal \(LoR\)](#) for LoR authors to submit letters in support applications submitted through MyERAS.
- [Program Director's WorkStation \(PDWS\)](#) for training programs (Program Directors/Program Coordinators) to receive and review the applications and supporting documents.

3. ERAS® Resources

For more information and instructions for using the ERAS service, click on one of the following links below:

- [ERAS Getting Started Guide](#)
- [ERAS Training and Learning](#)
- [ERAS Account Maintenance \(EAM\)](#)
- [ERAS Residency Timeline](#)
- [ERAS Residency Timeline for International Medical Graduates \(IMGs\)](#)
- [ERAS Fellowship Timeline](#)

For help adding a program, updating information or to gain access to ERAS, please email the GME Office.

C. San Francisco Match (SF Match)

The San Francisco Match conducts residency matches for Ophthalmology, Plastic Surgery, and various fellowship program matches. For more information about the San Francisco Match, and to see if your program uses the San Francisco Match as opposed to the NRMP Match, please click on one of the following links below:

- [About the SF Match](#)
- [SF Match Calendar](#)

D. GME Track®

GME Track® is a resident database and tracking system that was introduced in March 2000 to assist GME administrators and program directors in the collection and management of GME data. GME Track contains the National GME Census, which is jointly conducted by the Association of American Medical Colleges and the American Medical Association and reduces duplicative reporting by replacing the AAMC's and AMA's previously separate GME surveys. The National GME Census is completed by residency program directors and institutional officials. The Census is comprised of two components: the **Resident Survey** and the **Program Survey**. Resident data and program data are confirmed annually, and the survey cycle can be updated between May and February, while the GME Track application is open.

To access GME Track information, sign in [here](#) with your AAMC username and password.

Contact GME Track Help – Email: gmetrack@aamc.org; Phone: 202-862-6171

E. Recruitment and Selection

The GME House Staff Eligibility and Selection Policy is found in the [House Staff Manual](#).

Most residents are selected through a formal matching process. Most residency applications are uploaded into the Electronic Residency Application Service. ERAS® transmits a standardized application, letters of recommendation (LoRs), the Medical Student Performance Evaluation (MSPE), transcripts, USMLE scores, and other supporting credentials from applicants and designated dean's offices to program directors. Coordinators usually begin reviewing applications once they have opened (Refer to [ERAS Residency Timeline](#) for dates).

Each program sets its own deadline for applications to be completed. Once complete, they are reviewed, and selections are made for those applicants who are invited for an interview. The number of sessions and actual interview process is set by each program. Interviews are offered for predetermined interview sessions. These offers are most often made by email. Phone calls are not recommended because there is no documentation of what is offered.

You are required to provide the [benefits outline](#) and a [sample copy of the house staff contract](#) to applicants during the interview process. On-Cycle New Hires will sign up for benefits during Orientation and Off-Cycle New Hires will be referred to Human Resources for individual enrollment. Like all other employees, house staff must participate in the open enrollment period in October to update/renew their benefit selections.

1. *Interviewing Do's and Don'ts*

As part of preparing for interviews, make sure all faculty interviewers know what types of questions and topics or behaviors are illegal, inappropriate, and/or prohibited by NRMP. At the start of each interview season, all interviewers should see the list below as well as read the [Match Codes of Conduct](#).

Interviewers must NOT discuss or ask questions regarding:	
Age	Marital Status
Religion or Creed	Gender
Sexual Orientation	Immigration Status
Veteran Status	Disability ¹
Family Status ²	National Origin ³

¹It is permissible to ask about the applicant's ability to perform the essential duties and responsibilities described.

²It is permissible to ask whether there are any activities, commitments, or responsibilities which might prevent the meeting of work schedule/attendance requirements, but only if asked of all applicants - both male and female.

³It is permissible to ask about an applicant's ability to read, write, or speak English or another language when required for a specific job

2. *Exceptionally Qualified Candidates*

IMPORTANT regarding “Exceptionally Qualified Candidates”: As a reminder, the ACGME Common Program Requirements state that any ACGME subspecialty training requires previous ACGME accredited training in the specialty. Please confirm the program is accredited by using the links below.

- [ACGME Accredited Programs and Sponsoring Institutions \(US\)](#)
- [ACGME Accredited Programs and Sponsoring Institutions \(International\)](#)

If the previous program is not ACGME accredited, the applicant must have approval through GMEC as an “exceptionally qualified candidate”. **Please make sure this has been done before an offer is made to any candidate or before any rank list is submitted in the situation of a Match.**

3. *Required Documentation of Selection Process for All Applicants Considered*

The GME office is required upon request to provide VUMC with a listing of each program’s applicants and the reasons why applicants were or were not selected and the selection procedure. These two items together meet this requirement:

- Statement of your Selection Criteria and Procedures: This should be listed in your program’s policies and procedures or resident manual.
- Applicant Code Report (annual requirement)
 - Once your selections have been made, your rank list submitted, and your match completed, compile a list of all your applicants whose file you opened and/or reviewed to decide if you were going to invite them for an interview. If you use ERAS®, you can export data for the report.
 - Code each applicant with one of the following codes and submit the resulting report to GME via the [VUMC GME Portal](#).
 - 1: Not invited – educationally less qualified than invited applicants
 - 2: Invited – declined or canceled interview
 - 3: Interviewed – not ranked or not offered a position (if the program does not use a ranking system)
 - 4: Ranked – did not match or did not accept position offered
 - 5: Ranked and matched or accepted position offered
 - If you have questions about the Applicant Code Report, please [contact](#) the GME Office.

SECTION III. ONBOARDING AND CREDENTIALING

A. New Hires

Now that your match is complete and you know who your new house staff will be, it's time to formally hire them. For programs that use the National Residency Matching Program (NRMP), *immediately* after the match, you must do the following (detailed request with instructions will be emailed to you):

- Provide requested information to the GME Office regarding those who matched.
- Indicate in ERAS® PDWS which applicants have matched with your program.
- Email copy of the matched ERAS® applications to GME Office

For those programs that use a match program other than the NRMP, or do not use a match system at all, you must submit a hard copy of each new hire's application packet by January 1st (Vanderbilt or ERAS®) containing the following *as soon as possible*:

- VUMC or ERAS® application
- Current CV
- Copies of 3 recommendation letters
- Copy of ECFMG CERTIFICATE (if graduate of a medical school outside the US and Canada)
- Proof of work authorization (if applicable)
- For residents accepted outside of a normal match period for your program or transferring from another institution – Program Director sends a request for an appointment letter to Dr. Terhune (must include program name, appointment start and end date, post graduate year level, and salary)
- For clinical fellows – Division Chief or Department Chair sends a letter requesting appointment addressed to Dr. Terhune (must include program name, one-year appointment period, PGY level, salary, and funding source)
- Have someone in your department enter the new hire into Workday.

In early April of each year, the GME office sends out communications to all incoming house staff containing and/or requesting the documents and information detailed in a task list on the GME Portal. Requested information must be returned promptly based on the timeline. Not all information (e.g., final transcript) will be available immediately but should be sent as soon as possible to avoid delays in start date. E-mail reminders will be sent beginning in June to Program Directors and Coordinators to assist with any missing items from new hires. To check what items GME is waiting on for your incoming house staff, see this link: <https://gme.app.vumc.org/reports>

If your new residents attend the GME New Resident Orientation, they may qualify for an Orientation Bonus. This is only for individuals not currently on the VUMC payroll. Residents must attend the full three-day orientation to qualify for the Orientation Bonus. GME will verify orientation attendance and submit attendance data to VUMC Payroll for payment on the house staff's August 1 paycheck. Reminder: military-funded house staff are not eligible for the Orientation Bonus.

B. International Medical Graduates

Information regarding International Medical Graduates, including Definition/Certification, ECFMG, Eligibility to Work, GME Facilitation of J-1 Physician Sponsorship, and the VUMC Global Support Immigration Services Office (ISO) can be found on the [PC/PD Documents and Tools](#) website under "International Medical Graduates (IMGS)".

C. Tennessee Medical License Exemption/DEA Information

The GME Office applies for exemption from licensure for all new house staff (as well as continuing and visiting residents from out of state). Verification of exemption is maintained in the GME Office. However, a full medical license is required for [moonlighting](#) and for Clinical Fellows entering a non-ACGME fellowship with a secondary faculty appointment. Active House Staff can find the institutional DEA and their identifying suffix on the [House Staff Portal](#).

D. New Resident and Fellow Orientations

The most recent New House Staff Orientation details can be found [here](#) on the GME website.

The GME Office provides three orientations for house staff new to VUMC each summer. All newly GME- appointed house staff are expected to attend an Orientation. Some individual departments also have orientation for new house staff. Orientation will serve to welcome new house staff, providing an overall introduction to Vanderbilt GME and specific training and information to cover many topics, including:

- Professional Responsibility
- Health and Wellness
- N95 Respirator Fitting
- Hospital Computer Systems and Required Training (eStar/EPIC)
- HR Benefits
- GME Check-In and Personal Information Update

- ID Badge
- Occupational Health Clinic for Immunizations, TB Test, etc.
- Patient Safety, Medical/Legal Liability
- OSHA and Infection Control
- International Tax (for international house staff)
- I-9 Processing
- White coat distribution - all residents plus fellows whose stipends are paid by GME ([see chart below](#))
- Parking

The Resident Orientation is typically scheduled for June 24-26 (adjusted to weekdays when one or more of these dates falls on the weekend). The following two weekdays before July 1 are left for the programs/departments to hold their own orientations.

The July Fellow Orientation for July-starting new fellows are usually July 1, and the August Fellow Orientation for August-starting new fellows is usually on August 1.

1. *Computer Systems Access*

The GME Office requests computer access for all clinical systems during the appointment process for all house staff including off-cycle hires. It is not necessary to complete a “Systems Access Form” for new hires or terminating house staff. GME will carry out the process. **Access will be terminated on end date of GME appointment at midnight.**

For more information, see [VUMC Computers and Clinical Applications](#) in the [House Staff Manual](#).

2. *Identification Badge/VUMC Badge Bucks*

For the incoming house staff who start in July or August and those changing program/title in July or August, the GME Office will provide a list of all eligible house staff to the Medical Center Card Office. The house staff will receive their ID badge during their new house staff orientation.

The Card Office will issue off-cycle house staff and visiting house staff badges when an ID authorization form is presented with the signature of someone in the GME Office.

On-Site Meal Money

The [On-site Meal Money Policy](#) for **VUMC house staff** can be found in the [House Staff Manual](#).

For Meal Money for **Visiting Residents/Fellows**, please see the [Visiting Residents/Fellows](#) section of this manual.

3. White Coats

GME orders coats for all residents plus fellows whose stipends are paid by GME (see chart below). These house staff request coats from GME through the [House Staff Portal](#). House Staff get two coats initially that are then replaced if they become stained, otherwise ruined, or lost/stolen. A reason must be given to indicate the need for a replacement coat. House staff should allow two months turnaround time for any replacement orders.

Information regarding [white coat laundering](#) for house staff is found in the [House Staff Manual](#).

IMPORTANT: Fellowship programs in which fellows' stipends are not paid from GME centers are responsible for supplying coats for their fellows.

Programs with white coats paid by GME Office				
Child and Adolescent Psychiatry	Internal Medicine	Nuclear Medicine	Pathology	Radiation Oncology
Child Neurology	Internal Medicine/Pediatrics	OB-GYN	Pediatric Otolaryngology	Surgical Critical Care
Dermatology	Interventional Radiology	Ophthalmology	Pediatric Urology	Therapeutic Radiological Medical Physics
Diagnostic Radiology	Neurology	Oral and Maxillofacial Surgery	Pediatrics	Thoracic Surgery
Emergency Medicine	Neurosurgery	Orthopaedic Surgery/Podiatry	Psychiatry	Urology
General Surgery	Neurotology	Otolaryngology	Physical Medicine and Rehabilitation	Vascular Surgery

E. Advancement/ Reappointments

1. Advancing Current House Staff

The purpose of the GME On-Line Advancement Form is for the program to provide and approve the next appointment status or end of training information for each of their current house staff in the next academic year. The on-line advancement system is

accessible during the advancement cycle on the [VUMC GME Portal](#). The GME office uses this information to prepare program certificates for house staff completing their training, prepare reappointment letters and agreements for those who will continue, anticipate receipt of clinical fellow reappointment documents and appointment request packets for those transferring into a new program, obtain exemption from medical licensure for continuing house staff, plan for required personnel/payroll actions, and to prepare the fiscal budget for those salaries/benefits paid through GME cost centers.

2. *Online Advancement Form for All Programs*

An email with a link to the web application for the Advancement Form will be sent in December and will be due to the GME approval level by Jan 1st. The Program Coordinators are set up as “editors” on the Advancement Form. They can enter new appointment information as necessary. Program Directors are set up as “approvers.” Some programs require the approval of an AO/HR/Departmental person before the information is transmitted to the GME level. Should changes be necessary after submission to the GME level, please contact GME to have the form released for correction or further direction. Programs should submit the advancement information as soon as possible and must process the advancement so it reaches the GME approval level no later than Jan 1st.

3. *Reappointment Process*

The web-based Advancement Form is for the advancement of current house staff in both ACGME and non-ACGME approved programs. New house staff (incoming to Vanderbilt) will not be available in the advancement system. Complete instructions will be sent with the email notification to begin completing your program advancement(s).

4. *Instructions for the Appointment Process and Compensation of House Staff who are supported by NIH Training Grants*

Residents and fellows that are appointed to NIH Training grants, such as T-32s or F-32s, are classified as Clinical Fellow/Resident Trainees (Job Code 9079). House Staff who are supported by NIH Training Grants now have only one appointment through GME unless a faculty appointment is required for the purpose of moonlighting. The NIH Stipend is paid through a stipend request form.

The department supplements the NIH Stipend with a salary which is calculated based on the difference of the NIH Stipend amount and the appropriate PGY level salary amount for House Staff at Vanderbilt (based on the House Staff Stipend chart published annually on the GME website).

The salary supplement will be paid on a PAF and any payroll deductions for benefits, taxes, etc. will be pulled from this amount. The monthly comp rate will be 1/12th of the annual salary supplement and the Benefits Salary will be the full House Staff salary amount based on the PGY level of the individual. ***The job code to be used on the PAF for these individuals is 9079 while they are supported by the NIH training grant and receiving a salary supplement.***

It should be explained to the house staff member that all benefits/payroll deductions will be pulled from the salary supplement paid on the PAF.

Trainees are still eligible to contribute to their retirement accounts, but the percentage (and matching funds) are based solely on the PAF amount. No deductions can be taken from the Stipend.

The appointment as a Trainee must be in place throughout the period that the house staff is receiving T-32 or F-32 funding.

- If grant funding begins or ends off-cycle, a change in the appointment must be requested. This can be in the form of an email from the Fellowship Director to Dr. Terhune, explaining the need for the change in appointment.
- If grant funding crosses from one training year to another and the grant funding is not increased, the difference must be made up on the PAF to ensure that the salaries of the Trainees remain equal with those of the non-Trainees at the same level.

If you have any questions, please contact [Jennifer Lutgens](#).

Job Codes

The following job codes are used for residents and fellows appointed through GME.

Job Codes	
9011- Resident PGY-1	9018- Resident PGY-8
9012- Resident PGY-2	9019- Resident PGY-9
9013- Resident PGY-3	9050- Resident in Research
9014- Resident PGY-4	9138- Clinical Fellow
9015- Resident PGY-5	9139- Clinical Fellow/Instructor
9016- Resident PGY-6	9140- Clinical Fellow Trainees (VA Scholars)
9017- Resident PGY-7	9079- Resident or Fellow Trainee - NIH Training Grant

F. Exiting House Staff

1. *Exit Process*

Several weeks in advance of a house staff termination date, the GME Office sends an e-mail to the exiting house staff and his/her Program Coordinator. Exit information is especially important to GME for terminating House Staff for reporting to our funding sources. An electronic checklist included in New Innovations is used for the Exit Form. The NI Checklist is a list of items to complete, including uploading completed documents to ensure all your professional training transactions are complete. A link is included in the Exit Process email for changing your address with Human Resources so exiting House Staff will receive W-2 forms at the correct address prior to tax season. House staff should ensure that their EPIC inbox is cleared out before Medical Records will sign off on the individual exiting. You should contact Lisa King with any questions and/or problems regarding the exit process.

In the unusual circumstance where a member of the house staff leaves prior to the completion of training and does not go through the normal check-out process, the coordinator may be asked to collect the following items: ID Badge, Pager, Parking sticker/gate swipe key, scrubs, and other items assigned by the department. These items should be returned to the appropriate departments. Please notify GME that the above items have been collected/returned.

2. *Certificate of Completion*

Certificates are generated according to the completed advancements. A draft of “ready to print” certificates in spreadsheet form will be sent to the Program Coordinator via email to check for spelling of names, degree suffix and dates of training. If the resident/fellow has obtained any additional degrees, the GME Office will need proof of these degrees (copy of diploma or transcript) to list the degree on the certificate. Once the email confirmation is received, certificates will be printed. An e-mail will be sent to the Program Coordinator requesting pick up of the certificates and instructions for signature routing. Certificates are first signed by Program Director, the Department Chair and the President/Chief Executive Officer (Vice-Chancellor) before being returned to GME for final signature by Dr. Terhune, Associate Dean for GME. The Vice Chancellor’s Office will contact GME to pick up the certificates. Once GME has received the certificates back with all signatures the Program Coordinator will be notified by email that the certificates have been fully signed and that each of the exiting house staff have fully exited and are ready for pick-up. **Certificates will not be released unless the exited house staff have fully exited.**

G. Verifications

1. *Verification of Training*

Verification of training is required as a part of your former house staff's future employment. Instructions can be found under "Verification" on the [PC/PD Documents and Tools](#) page of the GME website.

2. *Public Service Loan Forgiveness (PSLF)*

House Staff are able submit a PSLF form via the [PSLF Help Tool](#) and send directly to the GME Office at gme.office@vumc.org for electronic signature. Note: New rules for the PSLF program have started. Please visit the [PSLF homepage](#) for updates.

SECTION IV. VISITNG RESIDENTS AND ELECTIVE AWAY ROTATIONS

A. Visiting Residents/Fellows

To be eligible for a visiting rotation at Vanderbilt University Medical Center, an applicant must be in an ACGME accredited training program.

Detailed instructions for visiting residents/fellows, including the visiting resident/fellow application and the list of other required documentation, can be found [here](#) on the GME Office website.

The interested resident/fellow should submit the completed electronic application. All required documentation must be submitted to the GME Office for final approval **at least 90 days in advance of the desired rotation to allow for processing time**. The complete Immunization Form must be submitted to the GME Office **at least 30 days in advance of the rotation**.

Please note that GME does not provide meal money, parking, etc. for visiting residents. See [Meal Money for Visiting Residents/Fellows](#) for more information.

1. *Contracts for Visiting Residents/Fellows*

A contract is required for all visiting residents/fellows which requires a **minimum of 90 days** for processing in advance of the rotation start date. This is to ensure that all visiting house staff have the appropriate insurance coverage, workmen's compensation, etc. A template has been developed by Legal Counsel to facilitate this process and can be used for visiting residents with a desired rotation of up to 6 months. If the visiting resident is included under a broader agreement, an individual contract will not be necessary, and we will continue to require the application and related documents 30 days in advance. If the rotation requested is longer than 6 months, a detailed contract will be required but the same process will apply. Please check with GME to clarify if you are uncertain regarding the need for an individual contract for a visiting resident. In addition to the application paperwork discussed in the above paragraph, the Program Coordinator or someone designated within the department will need to submit a request to Contracts Management (through the PEER system explained below) for a contract to be initiated and signed by designated officials at both institutions.

2. *Submitting a Contract Request for Visiting Residents/Fellows*

PEER (Paperless Environment for Electronic Review) to Initiate Contract Development with the [Office of Contracts Management](#): Program Coordinators submit [PEER Request](#) for contract at least **90 days** in advance.

- [PEER Contract Submission Guide for Visiting Residents and Elective Away Rotations](#) ([Elective Away Rotations | Office of Graduate Medical Education \(vumc.org\)](#))
- [PEER Checklist for Visiting Residents and Elective Away Rotations](#)
- If the sending institution requires a [Program Letter of Agreement](#), attach it (signed or unsigned) in the PEER submission.
- VUMC requires a [PLA for all visiting residents](#).

3. *Meal Money for Visiting Residents/Fellows*

Meal money for visiting residents/fellows can be purchased by the department but is not required. To get meal money for a visiting resident, [contact](#) the GME Office. An 1180 for the meal money amount is due to the GME office before the visiting resident's start date.

B. Observational Experience

The [Vanderbilt Observational Experience](#) program allows students and working professionals to learn about careers in health care. This program is strictly observational only, there is no hands-on activity permitted. No observations with physicians will be scheduled on the evenings, weekends, or holidays.

C. Elective Away Rotation (Domestic and International)

1. *Elective Away Rotations Requirements*

For House Staff:

The Elective Away Rotation Process for House Staff, including important deadlines and special requirements for international away rotations, can be found under [Elective Away Rotations](#) on the GME website.

For Coordinators:

The Office of Graduate Medical Education will consider [Elective Away Rotations](#) for House Staff as approved by the Program Director as part of the educational training program. **Proactive planning is necessary** for all the items that must be in place prior to an away rotation and Residents/Fellows should coordinate with the Program Director

and Program Coordinator. A detailed description of the GME Away Rotation Process for Coordinators can be found under “Away Rotation Resources and Forms for Coordinators” on the [PC/PD Documents and Tools](#) page.

Two online systems are involved in the process: **the Away Rotation Management System (ARMS)** and the **Paperless Environment of Electronic Review (PEER)**.

2. ARMS (Away Rotation Management System)

The **Away Rotation Management System** is designed for house staff to manage their rotations away from Vanderbilt. The purpose of this site is to maintain a central repository of all approved rotation activities and to ensure house staff members are prepared for international or domestic away rotations. Once the House Staff Member enters and submits the desired rotation, the system will generate an email notification to the Program Director for on-line review and approval. The Program Coordinator will be copied on this notification.

3. PEER (Paperless Environment for Electronic Review)

The Paperless Environment for Electronic Review (PEER) is used to initiate contract Development with [Contracts Management](#). Program Coordinators submit PEER Request for contract at least **4 months in advance for domestic away rotations or at least 7 months in advance for international away rotations**. A detailed description of the PEER Request process can be found under “**Written Guide for PEER Request**” on the [GME website](#).

- Final review and approval in the GME Away Rotation Management System will be generated by the Associate Dean for Graduate Medical Education/DIO once the contract is finalized. The Program Coordinator will receive an automatic email notification of this approval.
- **IMPORTANT:** Please advise House Staff Members not to book airline flights or make other financial commitments related to away rotations until all items **below are in place and confirmed**. Please ensure that the House Staff Member has appropriate Medical Licensure for the location of the rotation before the rotation begins.

D. Program Letters of Agreement (PLA)

The Program Letter of Agreement (PLA) is an ACGME requirement for resident/clinical fellow education at a participating site, which must be signed by the Program Director, the Signatory Authority at the Affiliate Institution, and the DIO. The PLA addresses GME responsibilities between an individual accredited program and a site other than the sponsoring institution at which residents receive a required part of their education. This document, after it is signed, is in effect for a maximum of five years and must be renewed/resigned every five years with the affiliate institution so house staff may continue to participate in this part of the training process. The PLA should be renewed sooner than 5 years if there is a change in PD, DIO, or affiliate institution official who originally signed the PLA or if there is a significant change to the rotation or to ACGME policy which affects the rotation.

The PLA Away Template and Instructions can be found [on the PC/PD Documents and Tools](#) website “Away Rotation Resources and Forms for Coordinators”.

Note: ACGME requires a PLA between the program and each site to which house staff in that program are required to rotate. VUMC also requires a PLA between the program and each site to which house staff elect to rotate.

E. Contracts Between Institutions

Contracts or agreements between institutions may include broad affiliation agreements involving multiple programs (examples include St. Thomas, VA, etc.); affiliation agreements involving only one program where all residents participate in the rotation; military contracts (for residents supported by the US Navy, Army, Air Force, etc.); or agreements for residents participating in a **Visiting Rotation** at Vanderbilt or Vanderbilt residents participating in an **Elective Away Rotation** (required by Vanderbilt and GME policy). In any of the above circumstances, communication with GME is required.

When GME indicates a contract is necessary, the Program Coordinator should submit a PEER Contract Request.

You may also be contacted prior to expiration of a contract or agreement for information regarding the continuation of the agreement and any changes necessary for amendments.

For additional information regarding OCM and PEER, please visit [Office of Contracts Management](#) and [PEER Login](#).

SECTION V. COORDINATOR TOOLS AND RESOURCES

A. Training and Professional Development

New Coordinator Orientation

The GME Office hosts new coordinator orientation sessions monthly. These sessions are encouraged for coordinators with less than one year in the coordinator role, but all coordinators are welcome to attend.

Program Coordinator Meetings/Annual Retreat

Quarterly program coordinator meetings cover a variety of topics, chosen by the GME office and coordinators. The Coordinator Retreat is an all-day event held off-campus. All coordinators (ACGME and non-ACGME) are encouraged to attend.

ACGME Annual Educational Conference

With almost 4,000 participants, the [ACGME Annual Educational Conference](#) is one of the largest graduate medical education (GME) conferences in the world. The conference offers dozens of sessions specifically designed for GME program coordinators and program directors, including an annual pre-conference Coordinator Forum and other pre-conferences for program directors the day before the full conference.

Association for Hospital Medical Education (AHME)

The Association for Hospital Medical Education, founded in 1956, is a national, non-profit professional organization involved in the continuum of hospital-based medical education. AHME's members represent several hundred teaching hospitals, academic medical centers, and consortia which are involved in the delivery of undergraduate, graduate, and continuing medical education. The Mission of AHME is to: promote improvement in medical education to meet health care needs; serve as a forum and resource for medical education information; develop professionals in the field of medical education; and advocate the value of medical education in health care.

To fulfill its Mission, the Association annually provides: a three-day educational conference (AHME Institute); one-day educational programs (AHME Academy); and a series of six webinars. AHME publishes the Guide to Medical Education in the Teaching Hospital (a practical resource for medical education administrators), Remediation of the Struggling Medical Learner (a structured approach to identifying and supporting residents and students who aren't progressing at an expected pace); and AHME News. Additional resources are also made available on the [AHME website](#).

Training Administrators in Graduate Medical Education (TAGME)

The National Board for Certification of Training Administrators of GME establishes standards for the profession, to acknowledge the expertise needed to successfully manage GME programs, and to recognize those training administrators who have achieved competence in all areas related to their profession.

The objectives of TAGME are to:

- Promote the use of effective measurement tools to assess the competency of GME training administrators
- Share knowledge, encourage educational opportunities, and personal and professional growth through continued advancements in the profession
- Promote ethical principles and professional behavior in support of GME training programs for physicians-in-training
- Uphold and support national educational standards for GME administration
- Promote continuing development by providing a mechanism of recertification to individuals who continue to demonstrate their qualifications beyond the initial certification

For more information, including [How to Apply](#) to become TAGME Certified, please visit the [TAGME website](#).

Specialty-Specific Societies

Many specialties' professional societies offer their own coordinator consortiums and educational meetings. Please visit your societies website for more information on resources available specific to your specialty.

B. GME Coordinated Meetings

Chief Residents Leadership Workshops/Chief Resident Retreat

Educational seminars to assist current chief residents in understanding and performing the functions of their roles and Spring retreat for newly selected residents who will assume this role in July.

Graduate Medical Education Committee (GMEC)

The Graduate Medical Education Committee meets monthly and reviews from an institutional perspective the implementation at Vanderbilt of the required "[Institutional Requirements](#)" of the [ACGME](#). The Committee advises and monitors the Office of Graduate Medical Education, the Medical Center, and the Medical School of pertinent issues related to house staff (residents, clinical fellows, and clinical fellow instructor) programs of the institution. Voting membership on the committee includes house staff nominated by their peers. It also includes appropriate program directors, administrators, the accountable DIO, and may include other members of the faculty.

House Staff Advisory Council (HSAC)

The Vanderbilt [House Staff Advisory Council](#) meets monthly and is composed of representatives from each clinical department. Matters of hospital policy that impact the house staff are discussed and information is disseminated through monthly minutes. Any issue pertaining to house staff experience can be referred to and discussed by the Council. Members of the Council serve as house staff representatives on most of the Standing Committees of the Hospital Medical Board as well as on House Staff Advisory Council committees. The Council annually sponsors the Vanderbilt University Medical Center Research Forum and selects the recipient of the Grant W. Liddle Award.

Complement Committee (formerly known as: House Staff Expansion Committee)

The Complement Committee functions as a subcommittee of the Graduate Medical Education Committee (GMEC), to review application proposals for new or expansion programs request. This committee meets monthly and opens for application submissions in the months of July, October, January, and April. This process from application to fully approved/denied/deferred can take from 3-4 months until a final verdict is decided. Voting members on this subcommittee include 3-4 Program Directors and House Staff who sit on GMEC, GMEC Chair/Complement Committee Chair, 2-3 members from the Department of Finance, Office of Health Science Education (OHSE) CBO, VUMC Research Faculty and the DIO.

Program Director Meetings

These meetings cover a variety of topics, chosen by the GME office and directors. All program directors (ACGME and non-ACGME) are invited. These are held monthly.

C. New Innovations

[New Innovations](#) is the secure centralized Residency Management System (RMS) which the GME office has purchased for use by all programs. Program coordinators are required to use this system to report and maintain all annual rotation information.

Please note the “Academic Year” is defined as July 1 - June 30. House staff members will use New Innovations to enter their duty hours, complete evaluations and other actions as designated by their programs. The system has numerous additional modules and features which you are free to take advantage of in the maintenance of your program but are not required for all programs. These include, but are not limited to, evaluations, procedure logging and reports, curriculum management, conference management, portfolio reviews, milestone tracking, and custom reporting.

Individual Programs can use this Residency Management Suite to assist with scheduling, case logging, evaluations, monitoring conference attendance, duty hours and general personnel tracking. Examples listed below.

- Prepare and track RRC or Internal Review documentation, dates, and results.

- Maintain affiliation agreements with automatic renewal reminders.
- Easily gather information from across the institution and conduct reporting for all departments.
- Customize reporting to address specific requests and provide relevant information.
- Send institution wide evaluations out to any set of individuals.
- Demographic centralization and customization help manage multiple aspects of medical personnel data.
- The IRIS (Intern and Resident Information System) module allows GME and finance personnel to collect and export IRIS information for Medicare Cost Reports (additional detail provided later in this document).

New Innovations and IRIS (Intern and Resident Information System)

The IRIS tools and reports are housed in the Finance module within New Innovations and allows GME and finance personnel to gather and export IRIS information for the CMS Cost Reports, based on the demographic and rotation information contained in the entire institutional database. The IRIS module is maintained by the GME office.

For accurate IRIS reporting, the rotation/block schedules in New Innovations must be kept as up to date as possible. This requires a 365 day “gap free” schedule or training plan for each resident/fellow. Gap analysis by the GME office will occur every quarter and programs will be contacted if there are any gaps in the block schedule. By early May a rough final current year schedule must be completed and by the end of May all schedules must be finalized for the current year. This information is critical for GME to meet the cost report needs of the Department of Finance.

Don't forget to check out the New Innovations [Online Training Webinars!](#) Coordinators receive access to a complete series of videos, including topics available for residents, faculty, and program administrators.

For training and technical assistance please contact [Mischon Ramey](#) in the GME Office or contact New Innovations directly for general assistance at 330-899-9954. The functions and reports available in New Innovations are extremely helpful when preparing documentation for a site visit or internal review.

D. Liability Coverage for House Staff

House Staff paid through GME Cost Centers

The GME Office provides information to Risk Management regarding all new and continuing residents who have an appointment through GME. Those members of the house staff who are paid through the GME Cost Centers are covered with no additional paperwork. Risk Management sends a copy of the Certificate of Liability Coverage to GME which is maintained in the GME file.

Fellows

Risk Management offers the following questions to assist you in determining if a provider needs individual trust coverage:

- Do they have clinical patient contact?
- Do they bill for their services?
- Do they consult or supervise residents?

If the answer to any of these questions is “yes,” they will need individual trust coverage.

The [Professional Liability Application](#) must be completed and submitted to Risk Management as early as possible but within at least 30 days of the start date for Fellows to receive Professional Liability Coverage. Please provide the appropriate cost center for this expense as GME does not cover the cost.

E. House Staff Position Request Form

House Staff Position Request Form

In mid-November of each year, House Staff Position Request Online form is distributed to programs with house staff paid from GME cost centers. This information is necessary to prepare the next fiscal year salary budgets submitted to the Department of Finance. Through this form online, the programs will provide details pertaining to the total number of residents, which PGY levels they will be appointed to, any non-Vanderbilt rotation sites, and any off-cycle or extension requirements. It is very important that these forms be accurate as this will cover the salary and benefits for house staff paid through the GME Office. Remember to include any house staff that may need to extend training beyond June 30th into the next fiscal year to cover the salary for the extension of training; otherwise, salary and fringe will not be budgeted to cover the extension of training for that individual. The position request form will be due to GME mid-December.

SECTION VI. PROGRAM ACCREDITATION

A. Accreditation Council for Graduate Medical Education (ACGME)

1. Overview

The [Accreditation Council for Graduate Medical Education \(ACGME\)](#) is an independent, 501(c)(3), not-for-profit organization that sets and monitors voluntary professional educational standards essential in preparing physicians to deliver safe, high-quality medical care to all Americans. Graduate medical education (GME) refers to the period of education in a particular specialty (residency) or subspecialty (fellowship) following medical school; the ACGME oversees the accreditation of residency and fellowship programs in the US.

2. Common Program Requirements

The [ACGME Common Program Requirements](#) are a basic set of standards (requirements) in training and preparing resident and fellow physicians. These requirements set the context within clinical learning environments for development of the skills, knowledge, and attitudes necessary to take personal responsibility for the individual care of patients. In addition, they facilitate an environment where residents and fellows can interact with patients under the guidance and supervision of qualified faculty members who give value, context, and meaning to those interactions.

When reviewing any requirements, always make sure the version you are accessing is “**Currently in Effect**”.

You can find the Common Program Requirements for Residency, Fellowship and One-Year Fellowships [here](#).

3. Specialty and Subspecialty Specific Program Requirements

Programs must also demonstrate substantial compliance with requirements established by the Review Committee (RC) for their specialty to be accredited. Each Review Committee has [specialty and subspecialty specific program requirements](#). Here you can find your Review Committee’s page which contains links to the specialty’s program requirements and all subspecialties’ program requirements.

There are also FAQs, milestones, names and contact information for your RC's staff, RC agenda closing and meeting dates and other resources.

4. *Institutional Requirements*

Institutions sponsoring residency programs are expected to adhere to a set of [Institutional Requirements](#). Kyla Terhune, MD, MBA as VUMC's Designated Institutional Official (DIO), VUMC's CEO, and our Graduate Medical Education Committee (GMEC) are responsible for making sure VUMC meets these requirements.

5. *ACGME Data Collection Systems*

The ACGME [Data Collection Systems](#) comprise of the **Accreditation Data System (ADS)**, which includes the **Case Log System**, and the **Resident/Fellow and Faculty Surveys**.

- **ADS** - The [Accreditation Data System \(ADS\)](#) is a web-based system that contains critical accreditation data for all sponsoring institutions and programs. ADS serves as an ongoing communication tool with programs and sponsoring institutions, as well as Residency Review Committee staff. ADS incorporates several ACGME applications and functions. Program Directors are responsible for annually verifying/updating critical accreditation program information (including case logs for some specialties) and keeping resident records current. Typically, PDs will have their Program Coordinator verify and update ADS; the PD should then review all information for accuracy and approval. Before the PD submits (or has you submit) an update in ADS, it is recommended to print and have others review for completion, accuracy, spelling errors, etc.

Aside from the annual update, any changes should be reflected in ADS as they occur. A best practice is to check ADS frequently to make sure it is always up to date.

ACGME extensively uses the ADS to manage accreditation data for all programs. Some of this data is publicly available on the [public version of ADS](#), while detailed accreditation data is submitted, communicated, and stored behind password protection here: <https://www.acgme.org/ads>. Your Program Director can give to access by adding you to the program. Once he/she logs into ADS, he/she can go to the program leadership section under the profile tab and then click "Add Personnel". Megan Whitey also has access to add and remove Program Coordinators from ADS.

- **Case Log System** - Your RRC may require your program's residents/fellows to use ACGME's Case Log System to document experiences to meet minimum educational requirements as outlined in your Program Requirements. Other programs use the

system but are not required to do so. Review your Program Requirements to determine whether your program is required to use the system. Once you sign-in to ADS you will see a tab at the top for “Case Logs”, that is also an identifier showing your program uses this system in ADS.

- **Resident/Fellow and Faculty Survey** - The ACGME’s [Resident/Fellow and Faculty Surveys](#) are used to monitor graduate medical clinical education and provide early warning of potential non-compliance with ACGME accreditation requirements. All specialty and subspecialty programs (regardless of size) will be required to participate in these surveys each academic year between the months of January and April.

The required completion rate for both the Resident/Fellow and Faculty Survey is 70 percent. Programs failing to meet this threshold will not receive reports.

When programs meet the required completion rate, and there are four or more people scheduled to participate in a survey, aggregated and anonymized survey data reports will be available. These reports provide a broad look at how programs compare to national, institutional, and specialty or subspecialty averages. Programs that meet the required completion rate but have fewer than four people scheduled to participate may receive aggregated reports in the future, using multiple years of program survey data.

Samples of these surveys are not available. Survey questions are only available to residents/fellows and faculty members while responding to the survey. The ACGME will continue to focus on general content areas (Clinical Experience and Education, Faculty Supervision and Teaching, Evaluation, Educational Content, Resources, Patient Safety and Teamwork, Professionalism, and Diversity and Inclusion) rather than individual survey questions.

6. **Milestones**

For accreditation purposes, the [Milestones](#) are competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents and fellows from the beginning of their education through graduation to the unsupervised practice of their specialties. Use the [Milestones by Specialty](#) link to find your specialty-specific milestones.

To evaluate resident and fellow progress within the milestones, each program uses a Clinical Competency Committee (CCC), comprising three or more members of the active teaching faculty. ACGME provides this [CCC Guidebook](#) for guidance.

B. Accreditation Status

1. Expansion and New Programs

[House Staff Expansion Requests to Increase Size or Redistribute House Staff (Residents/Clinical Fellows/Clinical Fellow Instructors), Proposals for New Clinical Fellowship Programs, and Applications for Non-ACGME Accredited Training Programs]

The expansion and proposal for new clinical fellowship programs and applications for non-ACGME accredited training program process is generally directed by Program Directors. Program Coordinators receive notification, so they can assist with the process through their Program Director as requested.

The Complement Committee functions as a subcommittee of the Graduate Medical Education Committee (GMEC). Requests for expansion/new programs are generally called for at the start of each quarter, July, October, January, and April. An announcement, along with the appropriate forms needed for the requests, is sent out from the GME Office approximately six weeks prior to the committee meeting. The Complement Committee reviews all requests (both the written forms as well as brief oral presentations from each requester) and makes recommendations for approval or denial to the Graduate Medical Education Committee based on the educational fortitude of the proposal. From there, the requests are reviewed by the Funds Flow Committee who review request from a financial standpoint and finally by Dr. Pinson. At this point the requester is issued a letter indicating approval or denial.

2. Initial Accreditation

Applications for Initial Accreditation are initiated by Dr. Kyla Terhune (DIO), but to prepare, you can view the process [here](#). Further guidance for completing the application is available in ADS once the application is initiated. Before the Program Director submits (or has you submit) the application in ADS, it is recommended to print it and have others review for completion, accuracy, spelling errors, etc. **Please note that Initial Accreditation fees are the responsibility of the department.** Afterwards, GME will pay the annual accreditation fee.

- [Program Application Information](#)

Site Visit

Most subspecialty programs do not require a site visit from ACGME as part of the application process, but if the new program is a core program (not a subspecialty) or

if the program was previously accredited and is re- applying for accreditation, a full site visit will be required.

All programs, however, do require a full site visit at the conclusion of their two-year initial accreditation period. Programs are given a minimum of 30 days of advance notice (by way of an e-mail and a simultaneously posted detailed site visit announcement letter in the program's folder in ADS). Programs should review the letter carefully; it will contain detailed instructions for how and when to update the information in ADS, and any specific instructions for the specific program.

The Designated Institutional Official (DIO) will want to review all information and documentation you are planning to submit for your site visit at least two weeks prior to the due date for submission to ACGME. Dr. Kyla Terhune in the GME Office is our DIO. The DIO will probably require revisions or have questions following the initial review. The DIO will let you know when your materials can be considered complete and ready for submission. Be sure to follow the ACGME submission instructions *exactly*.

Additional information about the Accreditation and Recognition Site Visit, including **FAQs regarding preparation, what occurs during the site visit, and what to expect once the site visit has concluded**, can be found [here](#).

3. *Continued Accreditation*

All programs will be reviewed annually by the relevant Review Committee (RCs). The Review Committee will confer an accreditation decision of Continued Accreditation based on satisfactory ongoing performance of the program. When a program's performance is deemed unsatisfactory, or when performance parameters are unclear, the Review Committee may change the program's accreditation status or request a site visit and/or additional information prior to rendering a decision.

Following the RCs review, a Letter of Notification is issued to the program. The PD gets an e-mail that the letter has been posted to ADS. Please reference the [Key to Standard Letter of Notification for Continued Accreditation](#) when interpreting the letter.

C. Program Evaluation

1. *Annual Program Evaluation (APE)*

The Annual Program Evaluation (APE) is a requirement for all ACGME-accredited programs and is reviewed by the Graduate Medical Education Committee (GMEC). It is the Program Director's responsibility to complete the APE each year and must be completed even if there were no trainees in the program for the year.

Program Evaluation Committee

One part of the common program requirements is having a Program Evaluation Committee (PEC) which is composed of at least two program faculty members and at least one resident/fellow, has a written description of its responsibilities, and participates actively in planning, developing, implementing, and evaluating educational activities of the program; reviewing and making recommendations for revision of curriculum goals and objectives; addressing areas of non-compliance with ACGME standards; and, reviewing the program annually using evaluations of faculty, residents, and others. Through the PEC, the program is responsible for rendering a written Annual Program Evaluation which should include:

- Curriculum
- Outcomes from prior Annual Program Evaluation
- ACGME letters of notification, including citations, areas for improvement and comments
- Quality and Safety of Patient Care
- Aggregated resident/fellow and faculty data on the following:
 - Well-being
 - Recruitment and retention
 - Workforce diversity
 - Engagement in quality improvement and patient safety
 - Scholarly activity
 - ACGME Resident/Fellow and Faculty surveys
 - Written evaluations of the program
- Aggregate resident/fellow data on the following:
 - Achievement of the Milestones
 - In-training Examinations (where applicable)
 - Board pass and certification rates
 - Graduate performance
- Aggregate faculty data on the following:
 - Evaluation

- Professional Development

The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed above as well as delineate how they will be measured and monitored. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

2. *Internal Reviews*

[Internal reviews \(IRs\)](#) are an important function of the GME Office. All VUMC GME programs must participate in reviews according to the target dates set by the ACGME (for ACGME programs) or the Associate Dean (for non-ACGME programs). For ACGME programs, they are a mandatory part of accreditation.

This IR is similar to a practice session for your next accreditation site visit and each institution follows different protocols for how these reviews are completed. Unlike a site visit, this process is designed to help your program. The IR process determines how well you follow the program requirements, how you have responded to the citations and recommendations in your last accreditation letter and internal review, how satisfied your residents are with the program, and many other topics.

The IR committee reviewing the program is composed of:

- Associate Dean, GME and DIO
- Administrative Director, GME
- Outside program faculty
- Outside program resident/fellow

After review of your materials and interviews with the program director, faculty, and residents the internal review committee makes recommendations for your program in a formal report. This report is internal and unavailable to your site visitor, but documentation of the date must be provided.

Internal Review Procedure

The following information provides guidelines to ensure timely compliance with program internal review procedures.

The GME Office IR coordinator will email the program director and coordinator to schedule the review. The program must coordinate with Megan to find a date convenient to both Dr. Terhune and the program.

The scheduling email will come with the IR documents to be filled out by the program and instructions. The program should fill out the IR documents and submit them to the GME Office by deadline given so that the committee has time to review them. Be sure to look over them as soon as you receive them.

The reviewed program's attendees at the internal review must be:

- Chair (if requested)
- Division Director (if requested)
- Vice Chair for Education (if requested)
- Program Director and associate PD (if there is one)
- Program faculty other than PD
- House staff

The program must ensure that its representatives are present and on time.

Before the IR, the IR committee will review the materials you submit, as well as resident/fellow/faculty surveys, ACGME and GME Office correspondence, and program requirements. At the IR, they will interview the various program participants and discuss the documents with them.

About a month after the IR committee meets with your program, you will receive a report documenting the observations and analysis of the IR committee. It will include helpful recommendations for improvement and will likely ask that you follow up with a progress report a few months later.

For questions, please contact [Megan Whitey](#).

3. *Special Reviews*

At any time GMEC may determine the need for (or the program, division, or department may request) a Special Review of a program. Special Reviews typically follow the same procedure as above, unless GMEC determines only a limited area of the program needs to be reviewed.

D. ACGME Resources

Additional ACGME resources can be found at the links below:

- [ACGME Overview](#)
- [Program Director and Coordinator resources](#)
- [ACGME Frequently Asked Questions \(FAQs\)](#)
- [ACGME Glossary of Terms](#)
- [ACGME Documents and Resources](#)
- [The Clinical Learning Environment Review \(CLER\)](#)
- [Accreditation and Site Visits](#)

SECTION VII. HOUSE STAFF RESOURCES

A. House Staff Manual

The [House Staff Manual](#) covers a broad range of topics, many of which will be useful to you in writing your own program's policies and procedures manual. The manual is updated annually and can be accessed from the GME website.

B. House Staff Member Request to Review GME File – Procedure to be followed

When a member of the house staff makes a request to review the GME file please notify the GME Administrative Director or DIO as the file should first be reviewed internally. An appointment will be scheduled with the individual house staff member, and someone will sit with the HS (usually the Administrative Director) to allow them to review the approved file. The house staff member will not be allowed to take anything from the file, have copies or take photos of any contents of the file. They can take notes. If any questions arise during the review the DIO should be contacted and will respond to the house staff member. [See Appendix I for VUMC GME Records Retention Worksheet for Programs](#)

C. House Staff Member Request to Review Program File – Procedure to be followed

House Staff members may make request to review their program file. If this occurs the PD should be notified as well as the GME office (DIO or Administrative Director). The GME office will likely want to review the program file and may consult with the program director and legal counsel. An appointment should be scheduled with the House Staff member to review the file (in the GME office) with a staff member present (designee of the DIO). The house staff member will not be allowed to take anything from the file, copy anything or take photos of anything in the file. They may take notes while reviewing the file. If any questions come up the DIO or Program Director should be consulted. [See Appendix I for VUMC GME Records Retention Worksheet for Programs](#)

D. Fatigue Mitigation Resources for House Staff

For house staff who are too fatigued to safely return home, several options are available through the Office of Graduate Medical Education. Please see [Sleeping and](#)

[Transportation Options for House Staff too Fatigued to Return Home Safely](#) in the [House Staff Manual](#) for details.

E. NPI Numbers

All incoming House Staff are responsible for obtaining an NPI number prior to starting clinical work. See “NPI Numbers” on the [PC/PD Documents and Tools](#) page for information on how to obtain an NPI number, and how to search for an NPI number in the [NPPES NPI Registry](#).

F. Pagers

Each department is responsible for assigning pager numbers for advancing and new house staff (both residents and clinical fellows). Please enter pager numbers in the [VUMC GME Portal](#) no later than mid-May for the July 1 transition. Select “Update Pager Numbers”, edit/enter pager information, then click “Save Numbers”. GME will then provide this information to the Satellink Office at Vanderbilt, VUMC Operators, and NotifyMD (after-hours answering service). Your department may require you to provide a list to additional groups.

Resident Pagers

- Pagers for residents stay within the same program, being reassigned from residents completing/leaving the program to residents starting the program. Residents are not able to keep the same pager if continuing at VUMC in another program or as faculty. As residents leaving the program check out, collect their pagers, and distribute to your incoming residents according to the assignments you reported in the [VUMC GME Portal](#).
- If additional pagers are needed for your residents, e-mail your request to [Jennifer Lutgens](#). After approval and issue of the pager, you will receive an e-mail that the pager is ready for pickup at the Satellink Office located at D-2103 Medical Center North.
- If you have a pager that is paid for by GME but is not assigned to a resident, please return it to the GME Office.
- The GME office will periodically perform a pager audit to ensure that all pagers paid by the GME cost center are accounted for in the individual programs.

Clinical Fellow Pagers

- Pagers for clinical fellows are paid for and requested by the department directly with AQUIS/Satellink.

Additional information about pagers, including Satellink Office contact information and hours of operation, can be found on the GME website [here](#).

G. Vacation and Leave Policies for House Staff

Vacation and leave policy resources for coordinators can be found under the “Leave for House Staff (Medical, Parental, Military)” on the [PC/PD Documents and Tools](#) page of the GME Office website.

H. Call Rooms

ACGME Institutional Requirement II.F.2.b. requires that “residents on call must be provided with adequate and appropriate sleeping quarters that are safe, quiet, and private.” The GME Office is responsible for house staff call rooms assigned to GME on the hospital space inventory. GME assigns the rooms to programs based on need and available space. GME provides the basic furnishings and should be contacted if there are problems with a call room. Each program should make sure that their house staff know where their call room is located.

APPENDICES

A. Appendix I: VUMC GME Records Retention Worksheet for Programs*

Program (Educational) File	Retention Period
Interview Review Sheet(s)	Retain for seven (7) years after completion of program/training
Application (ERAS, Program or Vanderbilt)	Retain permanently [does not include letters of recommendation – which should be retained until completion of program/training]
Family and Contact Information Sheet	Retain until completion of program/training
Letter of Offer	Retain for up to seven (7) years after completion of program/end of employment
Visa Information	Retain until seven (7) years after completion of program/training
Reimbursement/Expenses paid by program funds (Travel, meetings, books, etc.)	Retain until completion of program/training
Recognition Letters – awards residents receive while in training, educational awards	Retain until completion of program/training
Correspondence regarding academic or disciplinary action (except for informal counseling and/or remediation that did not result in corrective action – this is retained only until final summative evaluation is completed)	Retain permanently [request release of information at time of completion of summative evaluation]
Correspondence/Miscellaneous	Retain until completion of program/training
ECFMG (Exchange Commission for Foreign Medical Graduates) Documentation	Retain permanently
Records of the resident's/fellow's rotations, training experiences, and procedures, as applicable to the specialty	Retain permanently
In-Training Exam Scores, filed by resident	Retain until resident completion of program/training
A summation of the resident's/fellow's final summative evaluation, and the letter from the program director indicating readiness for unsupervised practice	Retain permanently
Recommendation letters – to other programs/entities/hospitals.	Retain permanently
Employment File/GME File	Retention Period
Application (ERAS, SOCCA for Critical Care Med., Vanderbilt, San Francisco Match)	Retain permanently [does not include letters of recommendation – which should be retained until completion of program/training]
Appointment Letter	Retain permanently
Current CV	Retain permanently
ECFMG Certificate	Retain permanently

ECFMG/CVS reports	Retain permanently
FMLA/LOA documents	Retain for seven (7) years after completion of program/training
House Staff Agreement (contract)	Retain for up to seven (7) years after completion of program/training/end of employment
Letter of request for fellows	Retain permanently
Letters of Recommendation (as part of on-boarding, 3 letters of recommendation through ERAS, or if not through ERAS.)	Retain permanently
Loan deferment forms	Retain seven (7) years after completion of program/training
Malpractice Coverage (COC from ORIM)	Retain permanently
Medical School Diploma (copy)	Retain permanently
Medical School Transcripts (copy)	Retain until resident completes program
Misc. documents submitted with required items (e.g. USMLE, licenses, certifications, awards, etc.)	Retain for seven (7) years after completion of program/training
Moonlighting forms – all moonlighting including new innovations	Retain seven (7) years after completion of program/training/end of employment
Moonlighting Requests	Retain until completion of program/training
Name changes	Retain permanently
New Hire PAF	Retain for seven (7) years after end of employment/completion of program
NPDB Report	Retain permanently
PAF (Payroll Action Form) turnarounds and pay form copies when available	Retain for seven (7) years after completion of program/training/end of employment
Prior Training Certificates	Retain permanently
Record of disciplinary actions and correspondence	Retain permanently
Release Form for Verification Info	Retain permanently
Residency Certificate	Retain permanently
Resuscitation training (BLS, ACLS, PALS)	Retain permanently
Signed House Staff Agreement and Confidentiality Agreement (annual)	Retain permanently
State License (copy)	Retain permanently
State Medical License for Moonlighting	Retain permanently
Transcript (including envelope/shipping verification)	Retain permanently
Transfer Documentation (letter of request, application, CV, Letters of Recommendation) – in-bound	Retain permanently
Vacation/Leave Requests	Retain until completion of program//training
Visa documents	Retain until seven (7) years after completion of program/training/end of employment
VUMC Training Certificates	Retain permanently

*If house staff member converts to Faculty or other VUMC employee status, any of the above time periods may be extended.

* IN THE EVENT OF A LITIGATION HOLD/LEGAL PRESERVATION NOTICE, ALL MATERIALS SHOULD BE MAINTAINED UNTIL NOTICE FROM THE OFFICE OF LEGAL AFFAIRS THAT PRESERVATION IS NO LONGER NECESSARY

B. Appendix II: Common Acronyms/Abbreviations Used in GME

Common Acronyms/Abbreviations Used in GME	
<u>AAMC</u>	Association of American Medical Colleges
<u>ABMS</u>	American Board of Medical Specialties
<u>ACCME</u>	Accreditation Council for Continuing Medical Education
<u>ACGME</u>	Accreditation Council for Graduate Medical Education
<u>ADS</u>	Accreditation Data System
<u>AHA</u>	American Hospital Association
<u>AHME</u>	Association for Hospital Medical Education
<u>AMA</u>	American Medical Association
<u>AMA-CME</u>	American Medical Association – Council on Medical Education
<u>CAAR</u>	Computer Assisted Accreditation Review
<u>CBE</u>	Competency-Based Education
<u>CCC</u>	Clinical Competency Committee
<u>CLER</u>	Clinical Learning Environment Review
<u>CMS</u>	Centers for Medicare and Medicaid Services
<u>CMSS</u>	Council of Medical Specialty Societies
<u>CRCC</u>	Council of Review Committee Chairs
<u>CRCR</u>	Council of Review Committee Residents
<u>DIO</u>	Designated Institutional Official
<u>ECFMG</u>	Educational Commission for Foreign Medical Graduates
<u>ERAS®</u>	Electronic Residency Application Service
<u>FREIDA</u>	Fellowship and Residency Interactive Database (AMA)
<u>FS</u>	Accreditation Field Staff
<u>FSMB</u>	Federation of State Medical Boards
<u>GME</u>	Graduate Medical Education
<u>HIPAA</u>	Health Insurance Portability and Accountability Act
<u>IRC</u>	Institutional Review Committee
<u>IRD</u>	Institutional Review Document
<u>JC</u>	Joint Commission
<u>LCME</u>	Liaison Committee on Medical Education
<u>NBME</u>	National Board of Medical Examiners
<u>NRMP</u>	National Resident Matching Program
<u>PC</u>	Program Coordinator
<u>PD</u>	Program Director
<u>PGY</u>	Post Graduate Year
<u>PLA</u>	Program Letter of Agreement
<u>RC or RRC</u>	Review Committee or Residency Review Committee
<u>RQ</u>	Resident Questionnaire (used in Internal Medicine)
<u>SV</u>	Site Visitor
<u>SSV</u>	Specialist Site Visitor
<u>TAGME</u>	Training Administrators in Graduate Medical Education
<u>TYRC</u>	Transitional Year Review Committee
<u>USMLE</u>	United States Medical Licensing Examination

C. Appendix III: Specialty Board Websites

Specialty Board	Website
Allergy and Immunology	www.abai.org
Anesthesiology	www.theaba.org
Colon and Rectal Surgery	www.abcrs.org
Dermatology	www.abderm.org
Emergency Medicine	www.abem.org
Family Medicine	www.theabfm.org
Internal Medicine	www.abim.org
Medical Genetics and Genomics	www.abmgg.org
Neurological Surgery	www.abns.org
Nuclear Medicine	www.abnm.org
Obstetrics and Gynecology	www.abog.org
Ophthalmology	www.abop.org
Orthopedic Surgery	www.abos.org
Otolaryngology	www.aboto.org
Pathology	www.abpath.org
Pediatrics	www.abp.org
Physical Medicine and Rehabilitation	www.abpmr.org
Plastic Surgery	www.abplsurg.org
Preventive Medicine	www.theabpm.org
Psychiatry and Neurology	www.abpn.com
Radiology	www.theabr.org
Surgery	www.absurgery.org
Thoracic Surgery	www.abts.org
Urology	www.abu.org